



2021-22 Graduate Financial Aid Grant Application Student Information

This application is used in conjunction with the information provided on the FAFSA to determine eligibility for university grant funding for full-time on-ground students. Students receiving Quinnipiac scholarships or tuition waivers will not be given priority consideration and may not wish to complete this optional application. Priority Deadlines: Summer 4/15/21 and Fall 7/1/21

For unmarried students under the age of 26 or married students under the age of 24, parent information is required on the FAFSA and the parent section of the grant application.

Student Information – All information must be completed, if not applicable indicate “NA”

Student Name _____ QU Student ID _____

Program of Study _____

Student's Age as of Today _____ Marital Status _____

If unmarried and under age 26, have you included your parents' information on the FAFSA? Yes No

If No, access your FAFSA (fafsa.gov) and make a correction to include their information for consideration.

Will you live in parent's home while at school? Yes No

List all household members the student and/or spouse is providing financial support for in 2021-22:

NAME	Relationship to Student	Age	College Attending 2021-22
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Amount of Cash/Savings/Checking as of today _____

Do you own a business? Yes No Kind of Business _____

Business value _____ Business Debt _____

Amount of Educational Loan Debt Owed by Student (as of today) – do not include upcoming loans for 2021-22:

Federal Educational Loan debt _____ Private Educational Loan debt _____

Other Educational Loan debt the student is responsible to pay back (provide type) _____

Additional Information: Include any specific information you wish the financial aid staff to be aware of when your file is reviewed that may affect your ability to pay for your education. Please be sure to include a timeline/dates, if relevant to your situation. (Attach separate paper with student name and QU ID, if needed).

By completing this application, I attest the information is true and accurate. I further understand the Financial Aid Office may verify any information provided on this application.

Student's Signature _____ Date _____

Return Application to: Quinnipiac University Graduate Financial Aid Office, 275 Mount Carmel Avenue, NH-GRD, Hamden, CT 06518
Phone: 203-582-8588 Fax 203-582-4061 Email: gradfinaid@qu.edu

PARENT SECTION

Quinnipiac GRANT APPLICATION 2021-2022

Complete this section if the student is unmarried and under age 26 or married and under age 24.

Student Name _____ QU Student ID _____

This application is used in conjunction with the information provided on the Student section of the Grant Application and FAFSA to determine eligibility for full-time on-ground students.

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|--|-----|----|
| 1. Has the student completed a FAFSA for 2021-22? | Yes | No |
| If No, submit a FAFSA (www.fafsa.gov) for consideration | | |
| 2. Did the student complete the Student section of the Grant Application | Yes | No |
| 3. Was your information included on the FAFSA for 2021-22? | Yes | No |
| If No, correct the FAFSA (www.fafsa.gov) to include parent information for consideration. | | |

Parent Information – All information must be completed, if not applicable indicate “NA”

Parent 1: Name _____

Job Title/Occupation _____ Employer _____

Parent 2: Name _____

Job Title/Occupation _____ Employer _____

Which parent does the student reside with? _____

List all household members the family is providing financial support for in 2021-22:

NAME	Relationship to Student	Age	College Attending 2021-22

Do you own your own home? Yes _____ No _____ If yes, year purchased _____

Home value _____ Home Debt _____

Do you own a business? Yes _____ No _____ Kind of Business _____

Business value _____ Business Debt _____

Educational Debt Owed by Parent as of today (only include loans borrowed in parents' name) _____

Additional Information: Include information the financial aid staff should be aware of when reviewing your file that may affect your ability to pay for your child's education. Please be sure to include a timeline/dates if relevant to your situation. (If needed, attach separate paper and include student name and QU ID).

By completing this application, I attest the information is true and accurate. I further understand the Financial Aid Office may verify any information provided on this application.

Parent's Signature _____ Date _____

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